CALIFORNIA FORM

1986

Exempt Organization Business Income Tax Return

109

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Check on	e: Calendar year 1986	Fiscal year beginning			_, 19	986, ending		, 1987.				
		ling Label	7					, , , , , , , , , , , , , , , , , , , ,				
Corporate (or Organization Number	Federal Employer Identification Number	7									
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Corporation	n or Organization Name		Spaces									
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City		State ZIP Code	ദ									
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Name and a	address of the trust liduciary				F	ederal Employer Identifica	ion N	lumber				
Nature of tra	ade or business				F	orm number of federal for	n filed	d				
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	Organizations Taxable as	Corporations					1		WATER A	9113		
Attach	 Unrelated business taxab 	le income from Schedule A, line 31					1			_		
Remittance Here	2 Apportion	% (Schedule K, line 5) of line 1 .					_2					
	3 Net operating loss carryo	ver claimed					3					
l	4 Net unrelated business ta	xable income (line 1 or 2 minus line 3).					4			<u></u>		
[5 Tax: 9.6% of line 4 (see	General Instruction J)					5					
	6 Tax credits from Schedule	e B, line 7					6					
	7 Balance (subtract line 6	7										
Tax	Organizations Taxable as	Trusts					200		BINSO HE	-		
Computation	8 Unrelated business taxab	8			<u> </u>							
	9 Net operating loss carryo	9			<u> </u>							
	10 Net unrelated business ta	10			<u> </u>							
- 1	11 Tax on amount on line 10	<u> </u>	11									
	12 Tax credits from Schedule	100										
	13 Credit for net income tax	es paid to State of		_	13							
		line 13)					14					
	15 Balance of tax (subtract	line 14 from line 11. If line 14 is greater	than	line 11,	ente	r zero)	15			ļ		
Total							_			<u></u>		
Tax	17 Tax on preference income	17			ļ							
		nd 17)				· · · · · · · · · · · · · · · · · · ·	18					
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Payments	20 Paid with application for		14	The state of the s	- E.M.	3432						
		edit (add lines 19 and 20)					21			<u> </u>		
Balance		ne 21). Pay entire amount with return					22	<u> </u>		<u> </u>		
Due or		nus line 18)					-	T		т		
Refund	24 Refund (amount from line	24			<u> </u>							
	25 Credit to 1987 estimated	tax (amount from line 23 to be credited)	<u></u> .	1	25		1			<u>·</u>		
Dozoon 40	contest for					7.1						
	contact for l information:					Telephone		١				
	information: Number: ()											
Please	Under penalties of perjury, I deci they are true, correct, and comp				belief,							
Sign	they are tibe, correct, and comp	i	l. / which p	repar	er nas any kno	wiedge.						
Here	Cionatus -1 attis											
	Signature of officer	D-c	parer's social s									
Paid	Preparer's	Preparer's Check if										
Preparer's	signature											
Use Only	Firm's name (or yours, if											
	self-employed) and address											

Continued to A Unrelated Business Taxable Income Computation Computation Computation Computation Computation Continued Tax of Business Income	_		
1 Gross recipits or gross sales S			
2 Cost of goods sold and/or operations (see worksheets below) 3 Gross priofi (spinate) in min (1) 4 (a) Net capital gains (or losses) (see Specific Line Instructions for Schedule A) - Trusts attach Schedule D1 (Form 540). (b) Ordisary gain (or loss) (see Specific Line Instructions for Schedule A) - Trusts attach Schedule D1 (Form 540). (c) Ordisary gain (or loss) (see Specific Line Instructions for Schedule A) - Trusts attach Schedule D1 (Form 540). 5 Income (or loss) from partnerships (attach statement) 6 Rent income (Schedule C) - (Sched	Uni		
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State Stat	1. Name and address of Co	minuseu o	rganicati	VIIS	2. 01055	HICORRE							income	computed as	(c) Percentage
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schedule if more than one unrelated activity is exploiting the same exempt activity) business income from duction of unrelated business income unrelated trade or business (col. 2 less col. 3) unrelated trade or business (col. 2 less col. 3) expense (col. 6 less col. 5 but not to exceed amount in col. 4) expense (col. 6 less col. 7 but not less than zero)	Schedule G E	xploite	d Ex	empt Activit	y Inco	me; Other	r t	han Advertisin	g Incom	e					
Total (enter here and on Schedule A. line 10)	schedule if more than one u	mrelated a	ctivity	business income	from conn duct	ected with pro ion of unrelated	ŕ	unrelated trade or business (col. 2 less	from activit not unrelate	y that is	attribut	able to	expens col. 5	se (col. 6 less but not to ex-	able (col. 4 less col. 7 but not less than
Total (enter here and on Schedule A. line 10)														· ·	
Total (enter here and on Schedule A. line 10)					\perp		_								
Total (enter here and on Schedule A. line 10)							_					-			
	Total (enter here and	on Sch	edule 4	line 10)											

ści	hedule H Advertising	Incon	ne and Ex	cess Adv	rertising Cos	sts							
Parl	I Consolidated Period	icals											
Name of periodical 2. Gross advertising income		3. Direct advertising costs	4. Excess ar costs (if col. exceeds col. enter excess III, col. B)	3 2,	excess of col. 2 ove				7. Readership costs		8. Includible income (if col. 7 exceeds col. 6, sub tract col. 7 plus col. 3 from col. 6 plus col. 2. If more than zero, enter amount in Part III, col A)		
		-				STATE OF THE PARTY				-	-		
Tota	ls												
Par	II Non-Consolidated I	Period	icals										
			-										
												\perp	
Par	III Column A — Net A	dverti	sing Incor	me		Part I	II Column B -	– Ex	cess Adv	ertis	ing Co	sts	· · · · · · · · · · · · · · · · · · ·
	nter "consolidated peridocal" and/or n n-consolidated periodicals				art I, column 5 or I, cols. 5 and 8		"consolidated periodical" olidated periodicals	and/	or names of				rom Part I, column 4 ert II, column 4
										-			
Enter	total here and on Schedule A, line 11					Enter total	al here and on Schedule	A. line	e 28				
$\overline{}$	hedule I Compensation		Officers or	Trustees									
			Security Number		3. Title		4. Time devoted to busing	ness	5. Amount of	of comp	ensation	6. Exp	ense account allowance
			· · · · · · · · · · · · · · · · · · ·										
Tota	compensation of officers (en	ter here	and on Sci	hedule A, I	ine 14)							550	ELTH VALV
Sc	hedule J Depreciation	n											
	uctions for Guideline Class Life												and form FTB 3888
(Clas	ss Life System). Note: With	limited	exceptions,	California	has not adopt	ed the F	ederal Accelerated	Cost	Recovery	Syste	m (ACRS	S)	
of pro			2. Date acq		3. Cost or other		4. Depreciation allowed or allowable in prior year	s puti		n	. Life or ra	th	Depreciation for is year
1	Total additional first-year de	preciation	on (do not in	nclude in it	tems below)								
2	Other depreciation:											-	
	Buildings						w · · · · · · · · · · · · · · · · · · ·	\perp					
	Furniture and fixtures							ļ		\perp			
	Transportation equipment							<u> </u>		\perp		┵.	
	Machinery and other equipme							4				-	
	Other (specify)							+				+	
_	D 1 1 1 1 5TD					A STATE OF				_		-	
3	Depreciation from form FTB							112			2023	8	
4	Depreciation from form FTB				E HE ROLL	14.5	Adding Control		The state of	P-PO-	220000	-	
5	Total				L		• • • • • • • • • • • • • • • • • • • •					∵	
6	Balance. (subtract line 6 from											-	
7	hedule K Apportionm			e and on S	chedule A, line	21			· · · · · · · · · · · · · · ·				
	ed to unrelated trade or business amou		Jiliula				Total within and without		Total	within	the state	1	Percent within the state
							the state (a)	_	10141	(b)		ļ.	(b) ÷ (a)
1	Average yearly value of real												
	or rented (see Specific Instru						· · · · · · · · · · · · · · · · · · ·		\$				
2	Wages, salaries, and other compensation of employees												
3	•				\$			-					
4	Total percent (sum of the pe	_											
5	Average percent (1/3 of total	percent). Enter her	e and on si	ide 1, line 2		<u>.</u>				<u></u>		